PTO/SB/17 (10-07)
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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/613,739-Conf. #4713			
FEE TRANSMITTAL				Filing Date		July 3, 2003			
For FY 2008				First Named Inventor Arthur M. Krieg		∍g			
FULL 1 2008				Examiner Name		E. M. Le			
Applicant claims small entity status. See 37 CFR 1.27				Altonic		1648			
TOTAL AMOUNT OF PAYMENT (\$) 1,860.00			Attorney Docket No. C		C1037.70043US00				
METHOD OF PAYMEN	T (check al	that apply)	•						
X Check Credit C	Card	Money Order	Nor	oe Other (please identify):	· · · · · · · · · · · · · · · · · · ·		
Deposit Account Depo	osit Account Nu	mber: 23/2	825	Deposit A	Account Name:	Wolf, Green	ifield & Sa	icks, P.C.	
For the above-ident	ified deposi	t account, the Dire	ector is	hereby authorize	d to: (checl	k all that apply)			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any a fee(s) under 3		e(s) or underpaym	ents o	x Credit	any overpa	yments			
FEE CALCULATION									
1. BASIC FILING, SEARCH	I, AND EXA	MINATION FEES	3						
·		NG FEES		ARCH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80	-		
	310		510	255	620	310			
Reissue		155							
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (includ	ina Reissue	c)					50	25	
Each independent claim ov	•	•					210	105	
Multiple dependent claims	er 5 (merad	ing iceissues)					370	185	
•	Claima	Eng (\$)	Eoo E	oaid (\$)	Mu	Itiple Depende			
Total Claims Extra	al Claims		reer	aid (\$) Multiple Deper			Fee Paid (\$)		
HP = highest number of total cla	ims paid for, if	greater than 20.			100	7741	CC I did (<u>u</u>	
Indep. Claims Extra	Claims	Fee (\$)	Fee F	Paid (\$)				_	
-=	x	=							
HP = highest number of indepen	ident claims pa	id for, if greater than	3.						
 APPLICATION SIZE FEI If the specification and dr listings under 37 CFR 	awings exce	eed 100 sheets of application size	paper fee du	(excluding electrons) e is \$260 (\$130 f	onically file or small en	ed sequence or tity) for each a	computer dditional 5	0	
sheets or fraction there						-			
Total Sheets E	xtra Sheets	Number of	each a	dditional 50 or frac	tion thereof	Fee (\$)	<u>Fee</u>	Paid (\$)	
- 100 =		/50 =		(round up to a who	le number) 🤉	·	=		
4. OTHER FEE(S)							<u>Fees</u>	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00									
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1801 Request for Continued Examination (RCE)								810.00	
SUBMITTED BY	N								
Signature	₩₩₩			Registration No.	48,207	Telephone	617.646	6.8000	
- UV	Trevisan		j	(Attorney/Agent)	,	- `	January '	-	
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Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 16, 2008